

**Workforce Investment Act Eligible Training Program**Provider Name: GENERATIONS COMPREHENSIVE REHABILITATIVE SERVICESContract #: 5050-101

Address:

267 JENCKES HILL ROADSMITHFIELD, RI 02917

Address if program is held at a another site:

Program Name: CERTIFIED NURSING ASSISTANT / First Aid / CPROffice use only: ONET CODE 31-1014**CONTACT INFORMATION**Program Contact Person:
Kim IzziPhone: 401-725-6400Email: kim@generationsri.comFax: 401-333-3800Website: www.gerationsri.com**Course Outline/Topics to be Covered**

Duties & Scope of Practice of CNA's

Personal Care

Basic Nursing

Rehab Skills

Recognition & Reporting Signs &
Symptoms

Personal Room Care

Communication / Interpersonal Skills

Specialization Areas..

*Skilled Nursing

*Hospice Care

*Dementia

*Alzheimers

*Disabilities Clinical First Aid / CPR

Required academic grade levels to enter programReading Grade Level 12Math Grade Level 12English Proficiency HIGH SCHOOL**Required to enter training program**

Physical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vaccinations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other :		

MAY be required for employment

Physical	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccinations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Drug test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
BCI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Certification	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other :		

Participants will be qualified to seek employment in the following occupations:1) Certified Nursing Assistant

2) _____

3) _____

4) _____

Is this program Pell grant eligible?☐ Yes☒ No**PROGRAM COSTS:****TUITION INCLUDES:**

Tuition	\$1,750.00
Fees	_____
Books	_____
Licensing	_____
Certificate fees	_____
Other, provide explanation	\$55.00

Total Tuition Cost \$1,805.00**These are expenses that MAY be reimbursed after successful completion of training.**

Please indicate Yes, No or enter the amount

	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Uniforms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Travel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Miscellaneous	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____

Total \$0.00**Participant is responsible for :**

Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
_____	_____
Cost above tuition cap	\$0.00
Expenses that <u>MAY</u> be reimbursed	\$0.00

Total \$0.00**Maximum ITA Responsibility (Max. \$5500)****\$1,805.00****PROGRAM LENGTH**Weeks and Hours
and**Additional Information****100 Class Room Hours / 60 Clinical Hours****What type of certificate will be awarded and by whom?**CNA / First Aid / CPR